FORM PTO-1083 89285.0007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit:

Examiner:

1794

Adam C. KRUPICKA

Mail Stop AMENDMENT

Commissioner for Patents

addressed to:

P.O. Box 1450

June 5, 2009

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Date of Deposit

Rowe na R. Estrada

I hereby certify that this correspondence is

06/05/2009

Date

being transmitted via electronic filing

Alexandria, VA 22313-1450, on

In re application of:

Yoshio IWASAKI

Serial No:

10/537.447

Filed:

Confirmation No.: 2640 March 21, 2006

For: **DISPLAY STRIP**

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Petition for Extension of Time (one month)

 \boxtimes Terminal Disclaimer

 \boxtimes Information Disclosure Statement with four (4) foreign references

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	9	-	35	**	0	LG=\$52 SM=\$26	\$52	\$	0
INDEPENDENT CLAIMS FEE	1	-	3	***	0	LG=\$220 SM=\$110	\$220	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195								\$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$270 FOR EACH ADDITIONAL 50 SHEETS								\$	0
							TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

- \boxtimes The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted. HOGAN & HARTSON L.L.P.

Date: June 5, 2009

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By: /ob/

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If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.